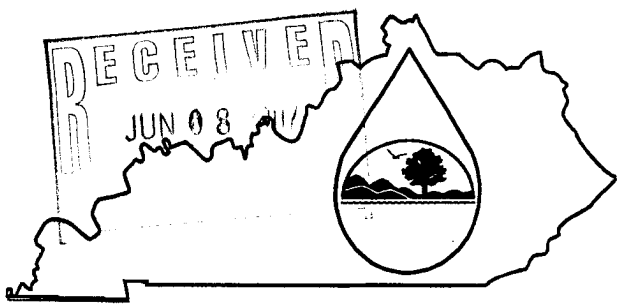
KPDES FORM 1

AI 11592



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	2	1	2	2	9

A. Name of business, municipality, company, etc. requesting permit
CITY OF FLEMINGSBURG, KY

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: FLEMINGSBURG WASTEWATER TREATMENT PLANT	Owner Name: CITY OF FLEMINGSBURG
Facility Location Address (i.e. street, road, etc.): ROUTE 1 PO BOX 599	Mailing Street: PO BOX 126
Facility Location City, State, Zip Code: FLEMINGSBURG, KY 41041	Mailing City, State, Zip Code: FLEMINGSBURG, KY 41041
	Telephone Number: 606-845-2021

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:
MUNICIPAL WASTEWATER TREATMENT SYSTEM FOR THE CITY OF FLEMINGSBURG, KY

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	4952 - WASTEWATER TREATMENT PLANT		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: FLEMING	City where facility is located (if applicable): FLEMINGSBURG
C. Body of water receiving discharge: TOWN BRANCH	
D. Facility Site Latitude (degrees, minutes, seconds): 38°24'50"	Facility Site Longitude (degrees, minutes, seconds): 83°43'15"
E. Method used to obtain latitude & longitude (see instructions): TOPOGRAPHIC MAP COORDINATES	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A	

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator: DALE CLARY	Telephone Number:
Operator Mailing Address (Street): PO BOX 126	
Operator Mailing Address (City, State, Zip Code): FLEMINGSBURG, KY 41041	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: CLASS III	Certification Number: ~~4396~~ 8007 6/30/07

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number: KY0021229	Issue Date of Current Permit: NOVEMBER 30, 2002	Expiration Date of Current Permit: NOVEMBER 30, 2007
Number of Times Permit Reissued: 7	Date of Original Permit Issuance: NOVEMBER 1974	Sludge Disposal Permit Number: 035 - 00007
Kentucky DOW Operational Permit #: N/A	Kentucky DSMRE Permit Number(s): N/A	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	NONE	NONE
Solid or Special Waste	035 - 00007	NONE
Hazardous Waste - Registration or Permit	NONE	NONE

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	DALE CLARY, SUPERINTENDENT
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	
DMR Mailing Street:	
DMR Mailing City, State, Zip Code:	
DMR Official Telephone Number:	

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
✓ MUNICIPAL WASTEWATER TREATMENT PLANT	N/A

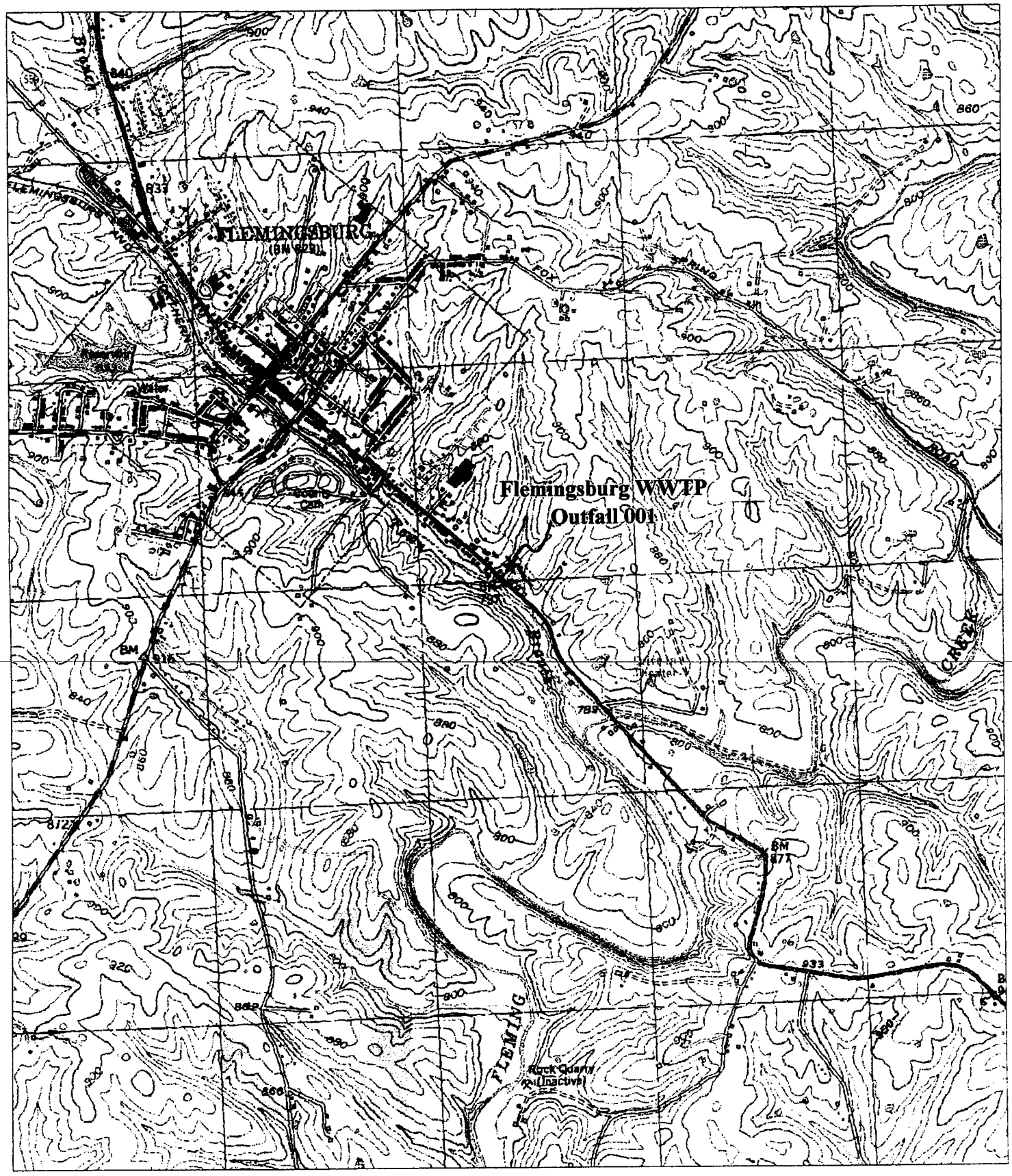
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Dale Clary WW. Dept Supt	606- 845-2021
SIGNATURE: Dale Clary	DATE: 06/08/2001

Figure A

Site Location Map



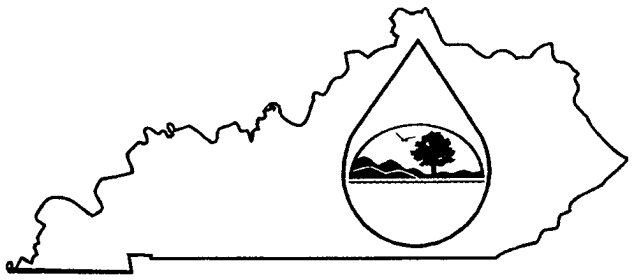
Flemingsburg WWTP
Site Location
8/9/00

N
W E
S

FLEMINGSBURG, KY.
QUADRANGLE

NW/4 FLEMINGSBURG 15' QUADRANGLE
N3822.5-w8337.5/7.5

KPDES FORM A



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE							

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: FLEMINGSBURG WASTEWATER TREATMENT PLANT

Mailing Address: PO BOX 126

FLEMINSBURG, KY 41041

Contact person: DALE CLARY

Title: WWTP SUPERINTENDENT

Telephone number: 606-845-5711

Facility Address: ROUTE 1 BOX 599

(not P.O. Box) FLEMINGSBURG, KY 41041

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: SAME AS ABOVE

Mailing Address:

Contact person:

Title:

Telephone number:

Is the applicant the owner or operator (or both) of the treatment works?

☒ Owner ☒ Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ Facility ☐ Applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

KPDES	KY0021229	PSD	
UIC		Other	SOLID WASTE 035-00007
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
CITY OF FLEMINGSBURG	4,375	SEPERATE SANITARY	MUNICIPAL
OUTSIDE CITY LIMITS	196	SEPERATE SANITARY	MUNICIPAL

Total population served 4,571

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.656 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.411	0.465	0.496	mgd
c. Maximum daily flow rate	0.627	0.629	1.183	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒	Separate sanitary sewer	100 %
☐	Combined storm and sanitary sewer	%

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: N/A

Annual average daily volume discharged to surface impoundment(s) N/A mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: N/A

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

If transport is by a party other than the applicant, provide:

Transporter name: N/A

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name: N/A

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the KPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method ☐ continuous or ☐ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location:
FLEMINGSBURG (City or town, if applicable) — 41041 (Zip Code)
FLEMING (County) — KENTUCKY (State)
38°24'50" (Latitude) — 83°43'15" (Longitude)

c. Distance from shore (if applicable): N/A ft.

d. Depth below surface (if applicable): N/A ft.

e. Average daily flow rate: 0.496 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: N/A

Average duration of each discharge: N/A

Average flow per discharge: N/A mgd

Months in which discharge occurs: N/A

g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

a. Name of receiving water: TOWN BRANCH

b. Name of watershed (if known): NOT KNOWN

United States Soil Conservation Service 14-digit watershed code (if known): NOT KNOWN

c. Name of State Management/River Basin (if known): NOT KNOWN

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): NOT KNOWN

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic 0 cfs

e. Total hardness of receiving stream at critical low flow (if applicable): 173 mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary

☐ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	92	%
Design SS removal	85	%
Design P removal	N/A	%
Design N removal	92	%
Other _____		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

CHLORINATION

If disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration? ☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)		s.u.			
pH (Maximum)		s.u.			
Flow Rate	1.29	MGD	0.489	MGD	182
Temperature (Winter)	N/A				
Temperature (Summer)	N/A				

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	22	mg/L	4.83	mg/L	26	EPA 405.1	5.0
	CBOD-5							
FECAL COLIFORM		600	61/100mL	60.9	61/100mL	28	SM9222D	10
TOTAL SUSPENDED SOLIDS (TSS)		30	mg/L	10.6	mg/L	26	EPA 160.2	1.0

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

0.50 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

MANHOLES ARE BEING REFURBISHED; CAMERAS ARE BEING USED TO ISOLATE/IDENTIFY MAJOR LEAKS IN THE COLLECTION SYSTEM

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) SEE FIGURE B(2)

a. The area surrounding the treatment plant, including all unit processes. SEE FIGURE B(2)

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable. SEE FIGURE B(3)

c. Each well where wastewater from the treatment plant is injected underground. N/A

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant. SEE FIGURE B(2)

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed. SEE FIGURE B(2)(E)

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed. N/A

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram. SEE FIGURE B(3) AND ATTACHMENT B(3)

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: N/A

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☒ No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	_____	_____
– End construction	_____	_____
– Begin discharge	_____	_____
– Attain operational level	_____	_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	11	mg/L	2.97	mg/L	26	EPA 350.1	0.10
CHLORINE (TOTAL RESIDUAL, TRC)	0.01	mg/L	0.003	mg/L	25	EPA 330.3	0.00
DISSOLVED OXYGEN	13.7	mg/L	10.6	mg/L	25	EPA 360.1	0.00
TOTAL KJELDAHL NITROGEN (TKN)	N/A		N/A				
NITRATE PLUS NITRITE NITROGEN	N/A		N/A				
OIL and GREASE	40	mg/L	14.4	mg/L	3	EPA 1664 A	5.6
PHOSPHORUS (Total)	4	mg/L	3.87	mg/L	3	EPA 365.1	0.10
TOTAL DISSOLVED SOLIDS (TDS)	N/A		N/A				
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)

☒ Part E (Toxicity Testing: Biomonitoring Data)

☒ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Dale Clary WW Dept. Supt.

Signature: Dale Clary

Telephone number: 606-845-2021

Date signed: June 8, 2007

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC	0.0013	mg/L			<0.001	mg/L			3	EPA 200.8	0.0010
BERYLLIUM											
CADMIUM	<0.0005	mg/L			<0.0005	mg/L			3	EPA 200.8	0.00050
CHROMIUM	<0.002	mg/L			<0.001	mg/L			3	EPA 200.8	0.0010
COPPER	0.038	mg/L			0.035	mg/L			3	EPA 200.8	0.0010
LEAD	<0.001	mg/L			<0.001	mg/L			3	EPA 200.8	0.0010
MERCURY	7.19	ng/L			4.64	ng/L			3	EPA 1631	3.30
NICKEL	0.012	mg/L			0.0085	mg/L			3	EPA 200.8	0.0010
SELENIUM	0.0014	mg/L			<0.0010	mg/L			3	EPA 200.8	0.0010
SILVER	00029	mg/L			0.0012	mg/L			3	EPA 200.8	0.00050
THALLIUM											
ZINC	0.16	mg/L			0.082	mg/L			3	EPA 200.8	0.010
CYANIDE / TOTAL	0.0086	mg/L			<0.005	mg/L			3	EPA 335.3	0.0050
TOTAL PHENOLIC COMPOUNDS	0.088	mg/L			<0.040	mg/L			3	EPA 420.2	0.040
HARDNESS (AS $CaCO_3$)	257	mg/L			235	mg/L			4	EPA 130.2	1
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)											
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)											
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

16 chronic _____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:	Test number:	Test number:
a. Test information. SEE SECTION E (4) OF THIS APPLICATION			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:	Test number:	Test number:
e.' Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
PH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☒ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results. SEE FIGURE E(4)

Date submitted: _____ (MM/DD/YYYY) SEE FIGURE E(4)

Summary of results: (see instructions)

SEE FIGURE E(4)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 0

b. Number of CIUs. 1

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: TOYOSEAT USA-KENTUCKY

Mailing Address: 112 TOYO DRIVE
FLEMINGSBURG, KY 41041

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

COATING, PAINTING, STAMPING, MACHINING OF METAL PARTS (PRIMARILY STEEL)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): AUTOMOTIVE SEAT COMPONENTS

Raw material(s): STEEL, PAINT

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0.015 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0.003 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 PSNS - METAL FINISHING POINT SOURCE CATEGORY

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

☐ Rainfall ☐ CSO pollutant concentrations ☐ CSO frequency

☐ CSO flow volume ☐ Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (☐ actual or ☐ approx.)

b. Give the average duration per CSO event.

_____ hours (☐ actual or ☐ approx.)

c. Give the average volume per CSO event.

_____ million gallons (☐ actual or ☐ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

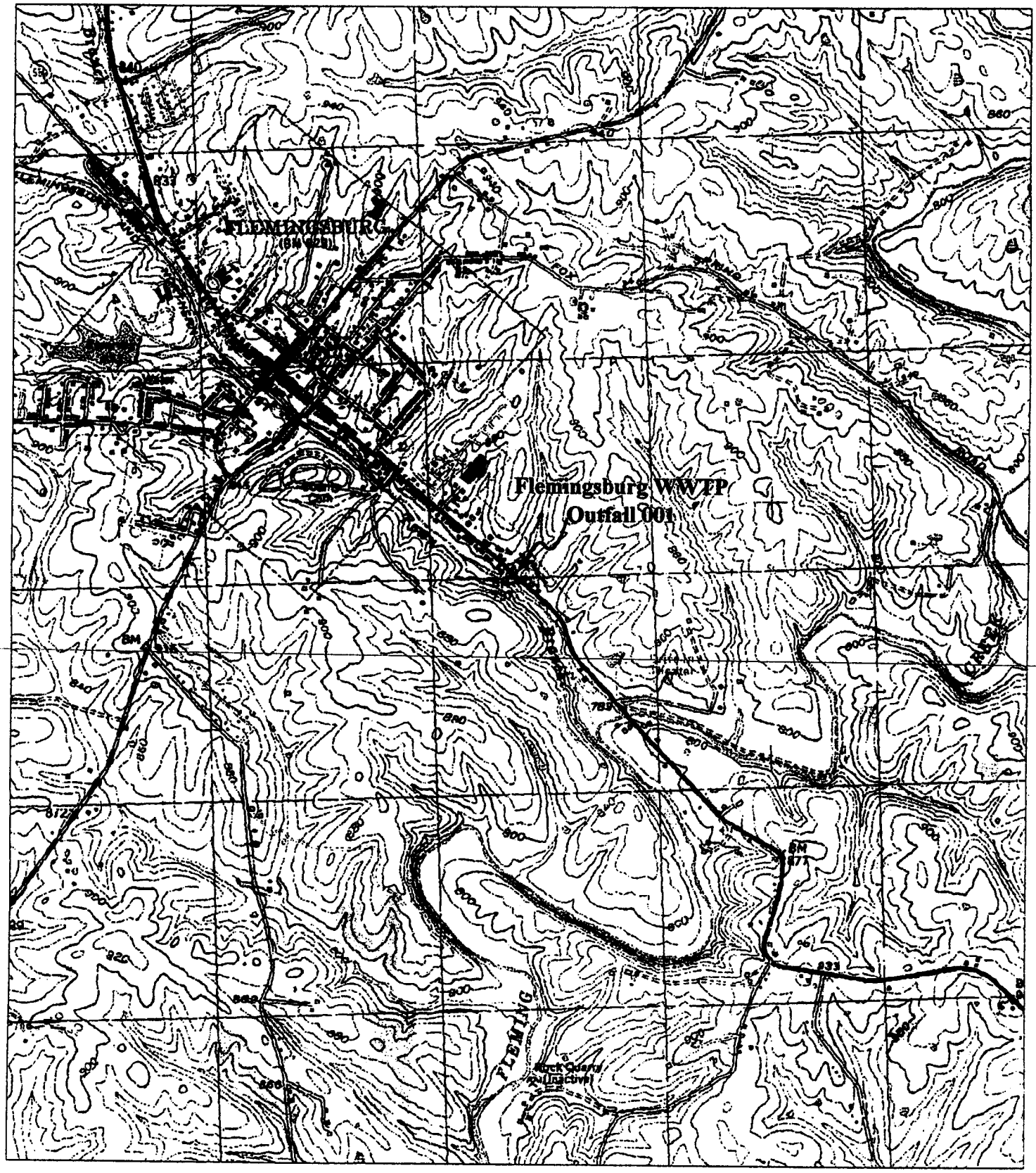
_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

FIGURE B (2)

Topographic Map



Flemingsburg WWTP
Site Location
8/9/00

FLEMINGSBURG, KY.
QUADRANGLE

NW/4 FLEMINGSBURG 15' QUADRANGLE
N3822.5-w8337.5/7.5

FIGURE B (3)

Treatment Plant Flow Schematic

Figure B (3)

Treatment Plant Flow Schematic

Attachment B (3)

Description of Treatment

Wastewater Treatment

Wastewater treatment at the facility currently consists of the following:

1. The facility is equipped with a flow equalization basin for control of the influent during periods of high flow.
2. Influent enters the plant and travels through bar screens and grit channels for removal of trash and heavy solids. The materials removed are loaded into storage containers prior to landfill disposal.
3. Effluent from the grit channels flows to three parallel primary clarifiers for preliminary settling. Solids are periodically removed from the clarifiers and sent to the aerobic digester for sludge treatment.
4. Effluent from the primary clarifiers flows to the packed tower for secondary treatment. The packed towers were recently installed to allow for additional biological treatment to aid the WWTP in meeting discharge standards.
5. Effluent from the packed tower flows to the rotating biological contactors (RBCs) for additional secondary treatment.
6. Effluent from the RBCs flows to two parallel secondary clarifiers for final settling. Solids are periodically removed and sent to the primary clarifiers.
7. Effluent from the secondary clarifiers is either recirculated to the head of the plant or flows to the two parallel chlorine contact chambers for disinfection using chlorine gas.
8. Effluent from the chlorine contact chambers flows to the post aeration basin for dechlorination and the treated, disinfected, dechlorinized water is discharged to Town Branch.

Sludge Treatment

Sludge treatment at the facility currently consists of the following:

1. Solids that are removed from the primary clarifiers are discharged to the aerobic digester for treatment. Periodically, the digester is turned off to allow the solids to settle, and the water remaining on top is decanted to the head of the plant.
2. Treated sludge flows from the digester to the sludge storage basin, which has aeration capability, for temporary storage prior to loading onto a truck for land application.

FIGURE B (2) (e)

Sewage Sludge Disposal

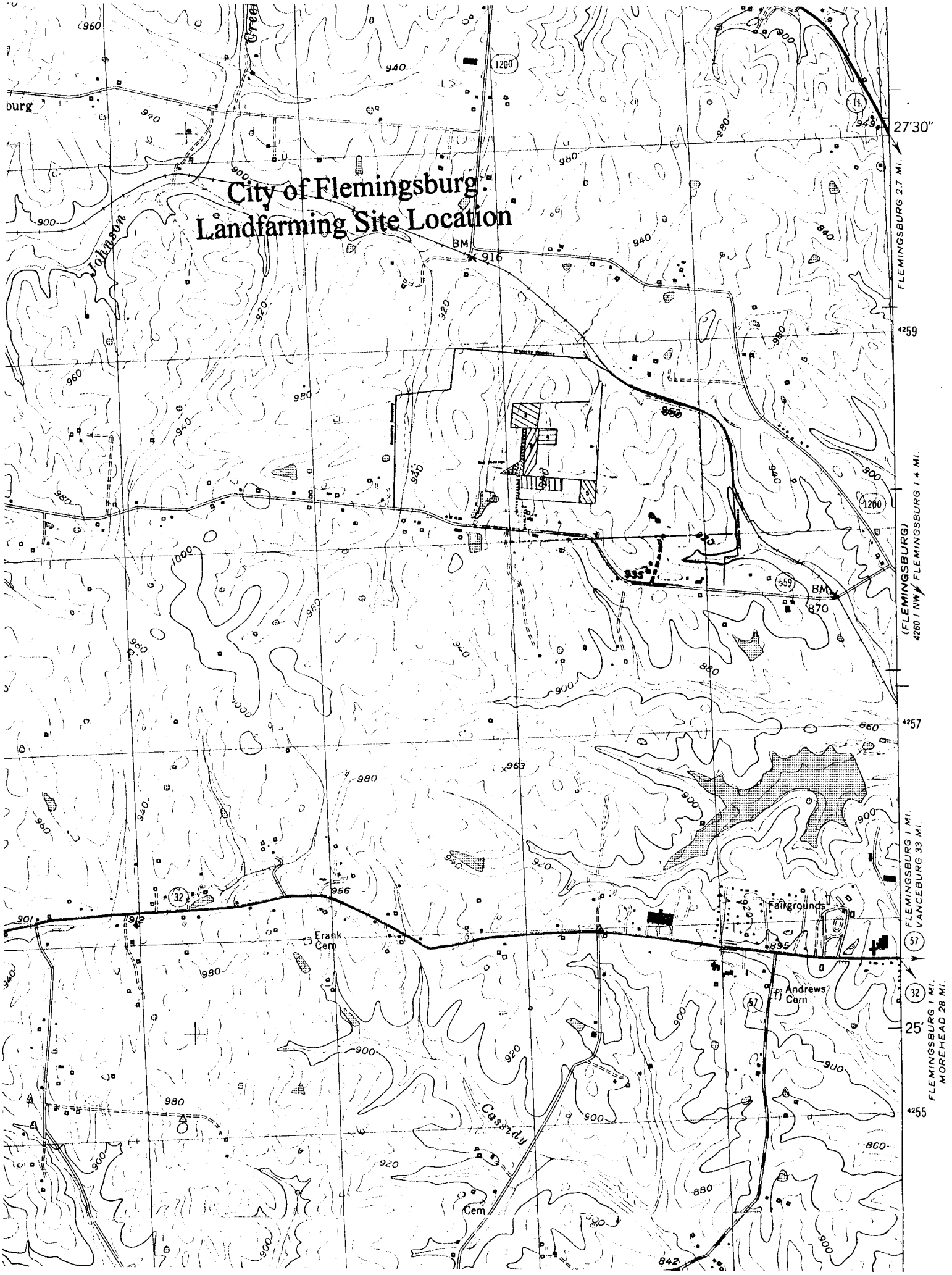

City of Flemingsburg
Landfarming Site Location
Johnson
Creek
BM
916
BM
870
Fairgrounds
Frank
Cem
Andrews
Cem
Cassidy
Cem
27'30"
25'
4259
4257
4255
FLEMINGSBURG 2.7 MI.
FLEMINGSBURG 1.4 MI.
(FLEMINGSBURG)
4260 I NW
FLEMINGSBURG 1 MI.
VANCEBURG 33 MI.
FLEMINGSBURG 1 MI.
MOREHEAD 28 MI.

FIGURE E (4)

WWTP Biomonitoring Summary

FLEMINGSBURG WWTP BIOMONITORING SUMMARY

REPORT DATE	RESULT	SPECIES
01/22/04	<1.00 TUc	Ceriodaphnia dubia
	<1.00 TUc	Pimephales promelas
04/23/04	<1.00 TUc	Ceriodaphnia dubia
		Pimephales promelas
07/23/04	<1.00 TUc	Ceriodaphnia dubia
	<1.00 TUc	Pimephales promelas
12/15/04	<1.00 TUc	Ceriodaphnia dubia
03/31/05	<1.00 TUc	Ceriodaphnia dubia
06/01/05	<1.00 TUc	Ceriodaphnia dubia
08/11/05	<1.00 TUc	Ceriodaphnia dubia
10/28/05	<1.00 TUc	Ceriodaphnia dubia
01/30/06	<1.00 TUc	Ceriodaphnia dubia
04/21/06	<1.00 TUc	Ceriodaphnia dubia
07/27/06	<1.00 TUc	Ceriodaphnia dubia
11/06/06	<1.00 TUc	Ceriodaphnia dubia
02/09/07	<1.00 TUc	Ceriodaphnia dubia

City of Flemingsburg

June 8, 2007

Vickie Prather, Supervisor
Division of Water, KPDES Branch
Inventory and Data Management Section
14 Reilly Road
Frankfort, Kentucky 40601

Re: City of Flemingsburg
Wastewater Treatment Plant
KPDES Permit Renewal Application
Permit No.: KY0021229
Fleming County

Dear Ms. Prather:

Enclosed is the KPDES permit renewal application for the City of Flemingsburg's Wastewater Treatment Plant located in Fleming County. This is an application for renewal of the current KPDES discharge permit for the facility.

If you have any questions pertaining to this matter, contact me at my office or contact Cynthia Leasor at (859) 873-3331.

Sincerely,

Dale Clary

Dale Clary
WWTP Superintendent

Enclosure

KPDES Permit
Renewal Application

Form 1
Form A

City of Flemingsburg
Wastewater Treatment Plant

Flemingsburg, Kentucky
Fleming County
KPDES Permit #: KY0021229

June 8, 2007

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
www.kentucky.gov

TERESA J. HILL
SECRETARY

June 20, 2007

Mr. Dale Clary
City of Flemingsburg
P.O. Box 126
Flemingsburg, Kentucky 41041

Re: Complete KPDES Permit Application
KPDES No.: KY0021229
Flemingsburg WWTP
Fleming County, Kentucky

Dear Mr. Clary:

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on June 8, 2007, and has been determined complete. As per 401 KAR 5:075, Section 1(7), the official effective date of your application has been determined as June 20, 2007, the date of this notice.

If this application is for new construction, appropriate plans and specifications must be submitted and a construction permit issued before construction may begin. For new facilities, the review of this application may be coordinated in accordance with 401 KAR 5:300, Section 4(1).

A technical review of your permit application will commence in the near future. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. A request for this additional information will not render your application incomplete.

If you have any questions concerning this matter, please contact Barry Elmore at (502) 564-8158, extension 459.

Sincerely,

Nancy Green

Nancy Green, Program Coordinator
Inventory and Data Management Section
KPDES Branch
Division of Water

NG:ng
c: Division of Water Files

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

TERESA J. HILL
SECRETARY

May 3, 2007

MAY 31 2007

SECOND NOTICE

Mr. Dale Clary
City of Flemingsburg
P.O. Box 126
Flemingsburg, Kentucky 41041

RE: KPDES No. KY0021229
Flemingsburg Wastewater Treatment Plant
Fleming County, Kentucky

Dear Mr. Clary:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on November 30, 2007. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is June 10, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

Vickie L. Prather

Vickie L. Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water

VLP:ASW:asw

Enclosures

C: Morehead Regional Office
Division of Water Files